

Indiana Department of Education



Room 229, State House - Indianapolis, IN 46204-2798

To: The Indiana Commission on Mental Health
From: Kristen Schunk, Assistant Director, Division of Exceptional Learners, Indiana Department of Education
Date: May 31, 2006
RE: Children's Social, Emotional, and Behavioral Health Plan

In recognition of the one in five Indiana children who may have a diagnosable mental disorder (Surgeon General's Report on Mental Health, 1999) we are pleased to submit the "Children's Social, Emotional and Behavioral Health Plan" (the Plan) for your review and consideration. Initiated by Senate Enrolled Act (SEA) 529 during the 2005 legislative session, it is the product of eleven months of work. The legislation specified what the plan should address, and who should participate in its development. You will find SEA 529 and the members of the Interagency Task Force (Task Force) in Appendix G. The plan covers many topics including assessment, accountability and outcome measurement, finance and budget, best practices, referral networks, school standards, workforce development, and training.

During the preparation of the report, the Task Force sought expert consultation from several state resources. Jeff Anderson, Ph. D., Associate Professor and Area Coordinator for Special Education and the Director for the Center for Urban and Multicultural Education at Indiana University/Purdue University at Indianapolis (IUPUI), shared his research regarding the tiered approach for positive behavioral interventions used in schools which produce good outcomes in academic achievement and student behavior. Angie Tomlin, Ph. D., Associate Professor for Indiana University School of Medicine, Riley Child Development Center, informed the Task Force about the social, emotional and behavioral developmental needs of children aged birth through age 3. Vickie Effland, Ph. D., and Janet McIntyre, M.P.H., Co-Directors of the Technical Assistance Center for Systems of Care and Evidence-based Practices for Children and their Families, outlined systemic processes which identify effective interventions. Robert Postlethwait, parent, member of the President's New Freedom Commission, and member of the parents' advocacy coalition "Natural Resources", spoke about the wisdom and perspectives of families/caregivers who daily deal with the challenges of their children's social, emotional and behavioral health. Betty Walton, Ph. D., Indiana University School of Social Work and Division of Mental Health and Addiction consultant, was a valuable advisor in the analysis of funding resources, data collection and assessment processes. Finally, Joan Dodge, Ph. D., Senior Policy Analyst at Georgetown University's National Technical Assistance Center for Children's Mental Health, shared the national perspective on children's mental health workforce development, as well as facilitated discussions with parent groups about their investment in the children's mental health workforce.

Considerable information and insight were gathered through three public forums conducted in the north, central and southern regions of the state. The Task Force received input from parents and other interested stakeholders throughout the compilation of the report. The input was noted and incorporated into the report. Much of the public comment that was received centered on the screening of children. **It is important to note that the Plan does not recommend screening without parental consent.** The State of Indiana understands that parents are the decision-makers in the care for their children, including screening as well as treatment. Involving parents and caregivers in the planning and organizing of screening is imperative. Screening must be voluntary, active parental consent must be obtained, and clear procedures must be in place for notifying parents of the screening. When sharing the results with parents, parents must be made aware that the results

are an important tool to use when helping and working with their child. Please refer to page 10 of the Plan for more information.

The Task Force specified the following objectives for the Plan: a focus on agency **coordination**, **early identification and intervention**; **funding** that assures access and equity; **improved processes** to deliver appropriate care; to learn about effective practices; **public education** about resources; and to reduce stigma surrounding mental health issues. You will see recommended goals and strategies to address the identified needs in the Plan. Paralleling our work, the Transformation of the Mental Health System (the Transformation) was launched and the Sunny Starts Initiative began. These groups are significant because the Transformation is also a multiple agency and statewide endeavor that will address the complexities in the planning and delivery of mental health care and its guiding philosophy. And, Sunny Starts, lead by the Indiana State Department of Health, bridges multiple child serving entities to identify and endorse core competencies for those serving young children. We anticipate a blending of our work to further enhance the outcomes of the 529 Plan.

Throughout the report you will recognize the values which underpin the Plan: culturally and linguistically competent planning and services that are community-based and family driven. There is still considerable work to be undertaken, including establishing subcommittees on Accountability and Outcome Measurement, Finance and Budget, Obtaining Services and Referral Networks (including a public awareness campaign), Early Learning Foundations and Indiana Academic Standards, and Workforce Development and Training.

Reactions to the plan are welcomed and may be sent via email to CSEBHP@doe.state.in.us, or you may contact me, Interagency Task Force Chair, at 317-232-0588. The State Board of Education will work with our recommendations as the Plan moves toward positive action on behalf of Indiana children.

Thank you.